

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-034002
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 24 1962

Primary Registration District No. 3010 Registrar's No. 405

VS 300
Rev. 4/59

10168

20161

3

4 0

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8 2

9 X

10

11 016

12 9-3

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

DOA Southeast Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

OR

TOWN

Jackson

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

808 Highland Drive

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

David

Middle

J.

Last

Hanning

4. DATE

OF

DEATH

Month

September

Day

14,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Widowed ☐

8. DATE OF BIRTH

5/21/47

9. AGE (last birthday)

15

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during last of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Cape Girardeau

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Ruel Hanning

13b. MOTHER'S MAIDEN NAME

Martha E. Hitt

14. NAME OF HUSBAND OR WIFE

Ruel Hanning, Jackson, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basilar Skull Fracture

INTERVAL BETWEEN

ONSET AND DEATH

Immediate

Conditions, if any,

which gave rise to

above cause (a),

stating the under-

lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

Accident

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Truck overturned + boy was thrown out of truck.

20c. TIME OF

INJURY

Hour

a.m.

p.m.

9:20

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

Rt. # J

near Fruitland Cape Gir., Mo.

21. I attended the deceased from

Death occurred at

9:20 A.

to and last saw her him alive on

22a. SIGNATURE

W. J. Ford

(Degree or title)

Coroner

22b. ADDRESS

Cape Girardeau, Mo.

22c. DATE SIGNED

9-17-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

9/16/62

23c. NAME OF CEMETERY OR CREMATORY

Russell Heights

23d. LOCATION (City, town, or county)

Jackson Missouri

24. FUNERAL DIRECTOR

J. N. Boudinot - Jackson, Mo

ADDRESS

9-18-62

25. DATE RECD. BY LOCAL REG.

9-18-62

26. REGISTRAR'S SIGNATURE

G. H. Hester

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No.

4337

P. O. Address



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.